KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, MAY 19, 1894. No. 20.

ORIGINAL ARTICLES.

A Brief Retrospect of Results of Operations on Pelvic Organs.

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Read before the Kansas State Medical Society, May 1894.

Sufficient time has now elapsed since the operation for diseased pelvic organs was first resorted to as a means of relief—when all other remedies failed—to enable us to express opinions that cannot be controverted now or at any future time.

No line of surgery has excited so much animated, and oftentimes splenetic discussions, as operations in the female pelvis.

The present consensus of opinion is strongly in favor of less careless and promiscuous oophorectomies.

Many patients with diseased pelvic organs that demand operative procedure, are permitted to suffer on without the only treatment that can give them relief, while many others are subjected to operations who would be infinitely better without the surgery. There are many reasons for this inconsistency. The two principal reasons are: *First*, Many women readily submit to surgery, and I might perhaps say almost have a mania to be operated on for the least suffering; *Second*, Pelvic diseases are so often obscure, and operations in the pelvis so frequently extremely difficult, that large experience is necessary to reduce to the minimum grave blunders in their diagnoses and treatment. I wish to observe in this connection that it is not probable that the most cultured and experienced gynecologists can always do the right thing at the right time.

If all that is stated in medical societies and published in books and journals regarding pelvic surgery is to be credited, the necessity for operative interference in these conditions would be only a phantom.

It is with a hope that I may throw some light on this controverted subject that I have prepared this paper. In order that a fair and impartial verdict may be arrived at, we must in every case carefully consider the gravity of the condition before and without an operation, and the possibly unfavorable results after operation.

Before proceeding further with the subject, I wish to say that my conclusions are based upon the result of personal observation in a large number of cases, and the experience of many of the prominent members of the profession, some of whom are unqualified in their condemnation of pelvic surgery, apparently, regardless of circumstances.

Prof. Wm. Goodell, in a paper read before the Obstetrical Society of Philadelphia, December 1893, gave to the profession some valuable lessons, the results of his personal observation. To one not acquainted with Dr. Goodell, the opinion might readily be formed that he does not do pelvic surgery. The fact is he operates much, and perhaps more than he did five years ago. The only difference is, he is wiser in his selection of suitable cases, as is every other operator of large experience and careful observation.

Dr. Goodell says: "My experience coincides with that of Dr. Hagar, who says, 'the artificial menopause induced by operation is often attended with more serious complications than those which are not rarely observed in the natural change of life.'

"Then, again, the unwelcome fact can-

not be shirked, that mental disturbances may be traced directly to the removal of the ovaries as a cause. These are manifested by an averseness to going into society, by brooding, by low spirits, by melancholy, and even by insanity. Every ovariotomist has met with such painful episodes in his practice. We know, however, that sexuality is a potent factor in woman as well as in man, and that even certain sexual functions—such as coition, menstruation, gestation, parturition, and lactation—of themselves tend not infrequently to disturb the mental poise. I am disposed, however, in a measure to attribute the attacks of insanity in those women who have lost their ovaries, to their brooding over the thought that they are unsexed. But, after all, the burning question is: Does the removal of the uterine appendages affect the sexual sense of the woman, or in any way unsex her? Here we have an embarrassing diversity of opinion. Some operators contend that in these respects castration does not affect her at all; others that it does so, and often very decidedly. The truth in such cases usually lies in the mean, as I try to show.

"Dr. Koeberle sums up his opinion in the following words: 'In my own experience the extirpation of both ovaries causes no marked change in the general condition of those who have been operated on. They are women who may be considered as having abruptly reached the climacteric. Their instincts and affections remain the same, their sexual organs continue excitable, and their breasts do not wither up.'

"I am willing to concede that in some women, by no means in all, whose health has been so crippled by diseased appendages as to extinguish all sexual feeling, there is, after castration, a partial recovery of the lost sense whenever health has been regained. Yet, even in these cases, as far as I can ascertain—for women are loath to talk about these matters—the flame merely flares up, flickers, and then goes out."

I submit to the profession if this *temporary* "flaring up" is not infinitely preferable to *continuous invalidism?*

"My own experience would lead me to the conclusion that, in a majority of women who have been castrated, the sexual impulse soon abates in intensity, much sooner than after natural menopause, and that in many cases it wholly disappears.

"In other sexual characteristics I have not found in these women any marked changes, either physical or psychical. Their affections seem to remain the same; their breasts do not flatten or wither up; they do not become obese; abnormal growths of hair do not appear on the face or any part of the body, and the tone of their voice and its quality is not changed. In other words, there has not been in a single one of my cases a tendency toward any characteristic of the male type. If any change has taken place, it has been in the direction of old-maidhood."

Dr. Goodell cites a few cases to prove his point—too few in my judgment to prove anything. Dr. Goodell does just what every other surgeon of experience is trying to do, namely, saves all the healthy tissue possible, and removes diseased tissue when other means of relief have failed.

"Most surgeons contend not only that the diseased appendages should be removed, but also that both appendages should be extirpated, even if one alone is diseased. This advice is given on the ground that the healthy one is liable in its turn to become affected. My own course, under such circumstances, would be never to remove the healthy appendage unless the menopause had been established already, or unless there obtained a good reason for hastening it on. On the other hand, should both ovaries be intrinsically diseased, and their tubes contain pus, I would always remove both uterine appendages in their totality, no matter what the age of the patient might be. Generally, however, the pus is limited to the tubes, and in that case sometimes one ovary, barring its adhesions, which, of course, must be broken, is healthy enough to be left behind. In such a case the tube alone, if possible, should be removed, and not the healthy ovary or the healthy ovaries—if both happen to be sound. Further, rather than wholly remove the ovarian stroma, I should

try in such cases to leave behind even a small fragment. For in several of my cases in which a piece of an ovary, not larger than a bean, was left behind, not any menstrual or sexual changes whatever took place in the woman. Should the uterine appendages be merely adherent, and not intrinsically diseased to any extent, I would, as a rule, during active menstrual life, release them, and perhaps extirpate the worse of the two, but not both of them.

"While I have had, in common with other operators, insanity following castration, yet I have also cured insanity by the removal of the ovaries, and I mention the cases in which it should be resorted to. In carefully selected cases I also have cured epilepsy. One case never had a fit after her healthy ovaries were removed. But in these cases the attacks were limited to the monthly periods. It is in menstrual insanity and in menstrual epilepsy that castration occurs."

A number of the most prominent surgeons of Philadelphia discussed at length the paper presented by Dr. Goodell from which I have quoted. No doubt most of the members of this society have read the paper and the discussion, yet I deem it wise to present as briefly as possible some points made by these gentlemen.

Dr. Charles P. Noble said his experience had "been somewhat different from that of Dr. Goodell. Formerly, it was my invariable custom to ask every woman who recovered after the removal of the ovaries in regard to the effect of the operation on her sexual life. I did this in about 25 cases, and I was never told by a single one that the operation had lessened the sexual desire. Having satisfied myself, as I thought, that the theory supported by Dr. Goodell was a myth, I ceased asking the question.

"It behooves us all to pay more attention to the matter of leaving a piece of the ovary wherever we can. It is seldom that both ovaries are so diseased that we cannot save a piece, and we should therefore look more carefully into this subject."

Dr. Joseph Price said: "While I feel that I am conservative, I am satisfied that I pick my cases. Further, I am satisfied that I pick the *worst* cases. I stand precisely where I stood eight or ten years ago in regard to this whole matter, but with added light and experience to fortify my position. With the first half of this interesting paper I agree wholly, except, perhaps, in regard to the question of the nutrition of the patient antedating the operation and also following. Authors usually lose sight of the fact that these patients come to us in a condition, aside from the nervous phenomena and disturbance due to prolonged disease, of impaired nutrition. I have heard many members of this society state that they have come to them on stretchers, greatly emaciated. It is simply surprising after these operations, done for actual disease, how the nutrition improves. They regain flesh and strength, and the color returns. I agree in regard to the nervous phenomena incident to precipitated menopause, and I am surprised that more of the patients do not go to asylums. To precipitate the nervous phenomena of the menopause in one so feeble and exhausted from prolonged suffering, is added another feather to depress the beam; but there are exceptionally few severe mental conditions following the great number and variety of operations done. I think I have only one case in an asylum out of a series of 2,400 sections.

"To allude briefly to the restoration of health. I have now two very choice nurses, and no one but myself and Dr. Stewart know that they have lost their appendages. Dr. Stewart did one operation and I the other. They possess all the attributes of refined women. Many years ago I did a hysterectomy in a lovely young woman of 23 years, an excellent musician. She still plays and sings, and her voice is as sweet as ever. Again I did a section for double pyosalpinx. The subject possessed the finest contralto voice in the city; she continues to sing with an improved voice. I could cite a good number of cases of similar character.

"This paper will cost many women their lives; again, it will increase the mortality of every operator throughout the land by giving us large numbers of eleventh-hour operations. Someone will council delay and

tinkering, and the patients reach us 'reduced to great emaciation, and from four to six fistulous tracts have opened in different directions.'

"With regard to the effect of operation on women. *I insist that the women of Philadelphia, who have had good surgery are the best looking women in the city. They are also active and useful. They have not been robbed of the refined womanly attributes which we so much value.*"

"As to the mental condition of these patients," said Dr. M. Price, "I have carefully noted many of the women that I have treated and operated upon, and I have yet to find one who does not show all of the mental clearness that she ever did. On the contrary, many of these women are the pictures of womanly beauty. Wrecks before the operation, they are now everything that can be desired. I believe with Dr. Goodell that the removal of the ovaries and appendages does not change the degree of sexual desire, but it as often exaggerates it as it decreases it. I have a letter in my office from a gentlemen whose wife I castrated three or four years ago. For four years she had no sexual desire, as the pain of her condition forbade any such condition. That woman now has all the sexual desire that she ever had.

"I believe that the removal of the appendages will not produce insanity and mental alienation; on the contrary, in properly selected cases of diseased conditions of women already insane, operation will restore many of them to their usual sane condition."

"It is a subject that is pressing itself upon us," said Dr. Andrew F. Currier, of New York, "and must come up for solution. I take it for granted that we have formed some conclusions on this subject which has been before the profession for many years. Much bad work has been done, as is inevitable in the settlement of every great surgical question. So long as a man is susceptible of wrong judgment, mistakes will be made in the future. In regard to the future effect of the removal of the appendages from the young I take a somewhat different ground from that which has been taken by the reader of the paper. I think that we may lay down the broad principle, which has been referred to by one or more speakers, that, given *organs which are seriously diseased, the diagnosis being reasonably sure, they have no place in the human economy.*"

Dr. B. F. Baer thanked Dr. Goodell "for his conservative paper, and expressed the hope that it may do good in staying the hands of those who are quick to operate in cases in which pronounced indications do not exist, especially where the operation results in the total removal of only partially diseased uterine appendages.

"In those cases in which I have made a diagnosis of pus in either tube or ovary, I invariably advise operation, because I believe the patient to be incurable without it. I do not remember to have seen a case in which I had made a diagnosis of tubo-ovarian abscess get well without the removal of the diseased organs. If the patient permitted me to operate, I always did so; if she did not, and recovered—I mean got entirely well and the tumor disappeared—I considered that my diagnosis of the presence of pus was a mistaken one."

Dr. George E. Shoemaker read a paper on "Non-Operative Treatment of Salpingo-Ovaritis; Its Results and Limitations," before the Obstetrical Society of Philadelphia, June 1893, and is published in the *American Gynecological Journal*, which is replete with suggestive thoughts, and should be read by every gynecologist.

The doctor said: "Two questions must be answered for every case—

"*First.* Will the woman be improved by the operation, and ought it to be done in her case?

"*Second.* What are the prospects, temporary and permanent, of systematic non-operative treatment?

"A study of the late condition of the patients after months or years, leads in no case to the regret that the operation was performed. In other words, the late results have been very satisfactory and, in some cases, remarkably happy.

"What are the prospects, temporary or permanent, of systematic non-operative

treatment in non-purulent salpingo-ovaritis?

"*The idea of permanent and absolute cure must be dismissed.* The word *cure* cannot be used in relation to a case which has once had an inflamed tube, on account of a likelihood of relapse, possible after months or years. While a cure in the absolute sense *may* take place, the chances are against it.

"The writer several months since removed prolapsed diseased adherent appendages which had received in different hands, palliative treatment for fourteen years. The patient has since been abroad, and is delighted with the results of the operation.

"*Finally, let it be thoroughly understood that the socalled conservative treatment of tubo-ovarian disease is a misnomer, and is strongly condemned in the more decided cases, especially where pus exists.*

"To be truly conservative we must preserve all that can be wisely preserved; but from false or prejudiced or cowardly motives *to refuse operative relief in many cases is a violation of high duty to a patient. We are obliged to preserve to them their happiness, their usefulness, their capacity to fill their appointed place in life. These can be obtained by coeliotomy; he betrays his trust who opposes it.*"

Before the Section of Obstetrics of the British Medical Association, Dr. Pozzi, one of the greatest authors in the world, recently read a paper on "The Conservative Treatment of Diseases of the Uterine Appendages."

"As to the conditions and within what limits conservative surgery may be practiced," he says, "after the operation of laparotomy in response to clinical indications, we find ourselves in presence of lesions which have profoundly disorganized the appendages, as, for instance, a pyosalpinx with abscess of the ovary, and parenchymatous alteration of the fallopian tube, it goes without saying the only practical thing is ablation.

"*I hasten to say that I have no faith in operations performed with the hope of restoring the functions of a diseased fallopian tube. I believe that once having been attacked by acute inflammation it has become definitely incapable of fulfilliug its physiological role.*

"The *role* of the fallopian tube is not that of an inert duct; this tube is essentially active; the integrity of its texture, the persistence of its vibratile epithelium, and its contractile fibers are conditions indispensable to its functions. Thus an inflammation of some duration must surely destroy or definitely paralyze these active elements.

"For these reasons I eliminate partial resection of the fallopian tube from the number of conservative operations. I believe that these may be attempted only when the tube is healthy, the ostium open, and its caliber permeable. In other words, I consider partial resection justifiable for the ovary only.

"I shall not be long in demonstrating that a small quantity of the ovarian tissues suffice to assure the regular menstruation and to permit fecundity. The richness of ovules in this organ is well known; however small may be the fragment preserved, it contains thousands of germs.

"To summarize my results: Fourteen women in whom I have performed conservative operations on the ovary have all recovered from the operation; all have been completely cured or immensely improved. In each case menstruation has continued, and one has become pregnant."

I have thought it wise to quote thus freely from the writings and sayings of some of the most prominent surgeons and gynecologists, because there seems to be a large number of members of the profession who, through prejudice or some other unknown reason are laboring under the impression that gynecologists of experience and culture in the line of pelvic surgery, are doing great harm and sacrificing many organs that should be saved. I have tried to show by my quotations and my own statements that it is possible for the wisest to occasionally err in the direction of doing too much surgery, and at the same time show that much more harm is being done by procrastinating and tinkering with cases which demand immediate radical surgery.

I have been often amused by physicians

who have had little or no personal experience in pelvic work, condemning in a savage manner those whose experience has taught them wisdom not to be obtained in any other manner.

It has fallen to my lot to have performed a large number of operations for diseased uterine appendages during the past four years, and, as I have said on a former occasion, no work of my life has given me so much satisfaction and pleasant recollections as have the results of these operations. I can safely say without the fear of being called egotistical, at least by those who have personally known of my work, that hundreds of women suffering from every degree of ill health to complete invalidism, have been restored to good health by surgical interference. That a few women have not received the benefit expected is most natural. In the few cases in which the results were only partially successful, the fault most likely lies at the door of error in the selection of the cases for operation. This is a most natural explanation because the percentage of failures or only partial successes is growing less in ratio to an increased experience.

It is not possible to formulate any rule to guide surgeons in the selection of suitable cases for operations.

I am opposed to the removal of healthy tissues under any circumstances. I believe that the occasion is extremely rare when oophorectomy is indicated for hystero-epilepsy unless the symptoms are greatly exacerbated during menstruation. Even in this class of cases if the ovaries are the exciting cause they will plainly show disease when examined. I have had charming results from oophorectomies performed for reflex disturbances, but have invariably found the ovaries diseased to destruction of functions.

Have operated on only two patients for insanity with *nil* results so far as concerns improvement of mental condition. In both of the insane patients the ovaries were seriously diseased and so diagnosticated before operating.

I have had no experience in the removal of healthy ovaries, except for fibroids of the uterus. I know the charge is made that gynecologists occasionally extirpate healthy appendages. I can hardly understand how operative enthusiasm can force a careful and conscientious surgeon to such unnecessary oophorectomies.

The question of degree of pathology is the important one for decision when considering the propriety of operative procedure.

In conclusion I wish to again record the fact that in properly selected cases, by means of skillful surgical manipulation and appropriate after-treatment—accomplishments to be obtained only by experience in pelvic surgery—that operations in the female pelvis give results most charming and satisfactory.

NOTE—The *italics* are mine.—M. B. W.

Program.

The Northeastern Kansas Medical and Protective Association will meet in Wetmore, Kas., Tuesday, June 12, 1894.

1. HIP-JOINT DISEASE—
   Dr. J. C. McClintock, Topeka.
   Discussion—Dr. J. E. Love, Whiting.
2. METRITIS AND ITS TREATMENT—
   Dr. A. B. McCandless, Holton.
   Discussion—Dr. P. L. Jermain, Holton.
3. DISEASES OF THE RECTUM—
   Dr. W. H. H. Smith, Granada.
   Discussion—Dr. S. M. Riggs, Muscotah.
4. ETIOLOGY OF PNEUMONIA—
   Dr. W. F. Troughton, Seneca.
   Discussion—Dr. B. S. Stewart, Netawaka.
5. IS ALCOHOL A STIMULANT?—
   Dr. W. L. Schenk, Topeka.
6. NOCTURNAL INCONTINENCE OF INFANTS—
   Dr. J. H. Brown, Centralia.
   Discussion—Dr. Joe Haigh, Wetmore.

Respectfully,
W. H. H. SMITH, M.D.,
GRANADA, KAS. *Secretary.*

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:
Per annum, in advance..... $1 00
Single copies..... 15 cents
Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

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Topeka, Kansas, Saturday, May 19, 1894.

Vaccination.

It is not an infrequent occurrence for daily papers to tire of the daily diet of political "nic nacs" and social scandals and attempt to feast their patrons on the rich and wholesome (?) facts they have discovered in regard to the pathology and cure of disease. It is perfectly natural that the editor of a metropolitan daily, with his broad field of knowledge and his vast acquaintance with the political machinery of the country, should feel competent to discuss the scientific questions of the age. Usually such little flights of fancy are innocent and without harm, but occasionally, as in the present instance, the possible results warrant some notice.

The Kansas City *Journal* of May 14 says:

"A Relic of the Past.—It is noticed, with regret, that even at this enlightened age of the world men will talk about "compulsory vaccination." The modern physician knows that the treatment of many maladies has changed radically within the past ten years. Yet there are other physicians who still hold to the old phlebotomy and blister treatment..

"A few days ago there appeared in the papers of this city a cry of alarm over the fact that smallpox was raging in some neighborhood city. At the same time it was proposed to institute compulsory vaccination and compel everybody to submit to inoculation of virus.

"The enlightened scientists of Europe—and of this country also, for that matter—have discarded the process of Jenner and now denounce it as criminal. It has been proven that vaccination does not prevent smallpox, and that it does inflict untold injury upon mankind, yet it is still proposed to compel intelligent people to undergo the barbarism.

"In another column we print an article from the Boston *Globe* on the subject of vaccination that will probably convey some information on this subject. The gentleman who addressed the health board of that city is recognized as one of the best informed medical men of England. As such, his opinions should have weight and we commend it to the careful reading of those who still insist that the introduction of a virus into the system is the proper method of keeping it out.

"The position of the *Journal* on this question has been stated often and, while it does little good to protest against the methods sanctioned by long usage, we cannot let this opportunity go by without once more calling attention to the fact that the world has progressed beyond the stage of tom-toms and scarifications."

In answer to this, if it were necessary, we might say that science has not only not passed the age of "inoculation for immunity," but has only just begun the development of its resources in that direction. Whether Jenner's discovery has resulted in greater harm or benefit to the race may best be shown by some statistical reports.

"In 1872 the great epidemic of smallpox broke out at Berlin, and in 1872 and 1873 the mortality was 243 and 262 respectively per 100,000 inhabitants, and a law was then passed enforcing vaccination in the first year of life and re-vaccination in the twelfth

year, with the result that in 1875, the first year when the law was enforced, the mortality from smallpox fell to 3.6 per 100,000; in 1876, to 3.1; in 1877, to 0.3; and as a result of the vaccination and re-vaccination in Berlin and other German cities, in the nine years from 1875 to 1883, the average annual smallpox mortality was 1.7 per 100,000 inhabitants in these cities as against 25.83 in London and 89.29 in Vienna. In Germany, previous to 1875, the average deaths from smallpox for a period of ten years was 33.84. In Sweeden the number of deaths in 100,000 persons before the introduction of vaccination was 165.82; with voluntary vaccination, 55.60; and with obligatory vaccination and voluntary re-vaccination, 18.20. By obligatory primary vaccination in England the death rate from smallpox has fallen from 16.98 to 7.61 per 100,000."

In the face of these reports further comment is hardly necessary, but in the article referred to by the editor of the Kansas City *Journal*, Prof. John Pickering, F.R.G.S., F.S.S., F.S.A., etc., etc., says:

"Statistics can be made to prove anything which it may be found necessary to prove. Wherever you have the most inoculation or vaccination, there you have the most smallpox. For 17 years the city of Leicester, in England, has not had any vaccination and last year the deaths from smallpox amounted to only 2 per cent.

"Last year four tramps took the disease there, and out of a total of 230 cases in ten months there were only 19 deaths. In Sheffield, where 95 per cent. of the people were vaccinated, there were 7,000 cases and 648 deaths, although there was no proportion in the population, which was only about twice as large as that of Leicester.

"I could bring you back the plague here or any other disease of past history within three years. You will have smallpox until the end of the world if you continue this preposterous means. You must not regard the ideas of medical men in this respect.

"Mr. Chairman, I will take charge of your hospital, and guarantee that there will be no such thing as infection within ten days, or of smallpox patients as they come into the hospital, and within five days clean them out and send them home. Eighty per cent. of your cases can be cured within six hours, and 10 per cent. additional within twelve hours. There is no infection under the proper sanitary treatment of disease."

Mr. Pickering's time having expired, the chairman declared the hearing closed.

Possibly it is true that simple statistics may be made to prove anything, but statistics constitute only the foundation from which are evolved scientific facts; the basis for logical conclusions which are usually regarded as good evidence. Now in regard to the late epidemic in Sheffield we will quote from the report of Dr. Barry:

"In children under 10 years of age the attack rate and death rate per 1,000 were as follows: The attack rate of the vaccinated, 5 per 1,000; of the unvaccinated 101 per 1,000. The death rate of the vaccinated, .09 per 1,000; of the unvaccinated, 44 per 1,000. Under the general circumstances of the Sheffield epidemic, therefore, the vaccinated children had, as compared with the unvaccinated children living in the town, a 20-fold immunity from attack by smallpox and a 480-fold security against death by smallpox. A consideration of the attack rate and death rate in invaded households gives substantially the same results. In persons over 10 years old: the attack rate in persons twice vaccinated, 3 per 1,000; once vaccinated, 19 per 1,000; not vaccinated, 94 per 1,000. The death rate in persons twice vaccinated, .08 per 1,000; once vaccinated, 1 per 1,000; not vaccinated, 51 per 1,000."

Thirty-one-fold immunity therefore against attack, and a 640-fold security against death, of the vaccinated over the unvaccinated.

It seems certainly strange that educated men who have had occasion to know of the former ravages of smallpox, should without careful investigation give voice to such sentiments as are expressed by this boaster in his attempts to gull the people of Boston.

The medical profession is always ready and willing (often too willing) to consider new theories and new methods of treatment provided they are founded upon reason and subject to a proof by proper trial. What evidence, what experiments and what results does this professor present to prove either his statements against vaccination or his ability to cure the disease?

The Convention.

Ever since the JOURNAL first began to agitate the plan for calling a general convention to settle upon some law to regulate the practice of medicine, the impression has grown upon us that it must be a success.

That it was a success will never be questioned by anyone who saw the enthusiasm of that meeting, the determination to have a law worth working for, and the unanimous adoption of the best law extant.

There never has been in the history of Kansas a meeting of physicians so harmonious. Eclectics, Homeopaths and Regulars were united by a single purpose. There were no struggles for ascendancy, but every physician, without regard to school, was intent only upon the greater interests of all. The convention was called to order at 3 o'clock P.M., Tuesday, May 15, and Dr. H. A. Dykes chosen for chairman, and W. E. McVey for secretary.

Dr. J. E. Minney then made a short address welcoming the physicians to the city, and expressing sympathy with the movement.

On motion, a committee of six, consisting of two from each school of medicine, was appointed to inform or notify every physician in the state of the action of this convention. The following were appointed: Drs. H. A. Dykes, Ward, Hamilton, Westerfield, Eva Harding and Meninger.

A motion to appoint a legislative committee of three from each school was tabled.

On motion, to appoint a committee of nine to draft a bill and report back to the convention, the following were appointed: Drs. Ryder, Swallow, Minney, Stewart, Furber, Meninger, Hamilton, Felty, Hall.

The committee retired, and while waiting for a report Dr. D. R. Pelton read a paper on "The Cause of Disease and Its Prevention."

Committee on legislation reported that they had carefully examined and considered the law of Illinois, and with some alteration would recommend it for approval by this convention. The law was then read as modified by the committee.

The report was received, and on motion the convention adjourned to 7:30 P.M., when the bill should be considered section by section.

The convention was called to order at 8 o'clock P.M. by the secretary, and in the absence of Dr. Dykes, Dr. Guibor was chosen chairman. The convention then proceeded to adopt the bill as recommended by the committee.

Very few changes were made in the bill as reported. The following amendment to section 11, which was recommended by the committee, was stricken out:

"15*a*. It shall be unlawful for any person or persons to sell, advertise or expose for sale, any drug, nostrum, proprietary medicine or other compound, without a printed label stating the ingredients thereof and the exact amount of each ingredient therein contained. This shall not be construed to prevent regularly qualified physicians from compounding medicines for their patients, or to prevent individuals from compounding domestic remedies for family use. Any person guilty of violating this section of this act shall be fined in a sum of not less than one hundred dollars or more than two hundred dollars for the first offense and for the second offense the sum of five hundred dollars."

On motion of Dr. Roby, the clause "as a means of livelihood" was inserted after "practicing medicine" in the first proviso of section 12.

There was a good deal of discussion on the adoption of this section, some of the members fearing that the ten-year clause might weaken the prospects of the bill. It carried, however, almost unanimously.

On motion, a committee of nine was appointed who should act with the legislative committees of the three state societies in the management of legislation.

The following are the members of this committee: Drs. Guibor, Stewart, Wall, Swallow, Meninger, Ryder, Long, Hatfield, and Martin.

On motion, all the lady physicians in the

state were added to the committee.

A motion that this committee act as a central committee and appoint local committees in every county to interview the various members of the legislature in regard to the bill, was carried.

On motion, the committee on legislation was instructed to submit a copy of the bill to some legal talent for an opinion as to its constitutionality, and were given authority to make such alterations as the necessities of the case should demand. The committee was also instructed to have an enacting clause prepared in accordance with the laws of the state.

The appointment of a committee on finance was referred to the secretary of the State Board of Health.

The following is the bill as adopted by the convention:

AN ACT to Regulate the Practice of Medicine in the State of Kansas.

Qualifications for Practice—Diploma—Examination—Certificate of State Board of Health.

SECTION 1. *Be it enacted by the people of the State of Kansas, represented in the General Assembly:* That no person shall practice medicine in any of its departments in this state unless such person possesses the qualifications required by this act.

If a graduate in medicine he must present his diploma to the state Board of Health for verification as to its genuineness. If the diploma is found genuine, and from a legally chartered medical institution in good standing, and if the person named therein be the person claiming and presenting the same, the State Board of Health shall issue a certificate to that effect signed by all the members thereof, and such certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this state.

If not a graduate, the person practicing medicine in this state shall present himself before said board and submit himself to such examination as the board may require, and if the examination be satisfactory to the board, the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

State Board of Health—Certificates.

SEC. 2. The State Board of Health shall receive, through its secretary, applications for certificates and examinations; the president and the secretary shall have the authority to administer oaths, and the board to take testimony in all matters relating to its duties; it shall issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing as may be determined by the board; it shall prepare three forms of certificates, one for persons in possession of such diplomas or licenses, the second for candidates examined and favorably passed on by the board, and a third for persons to whom certificates may be issued as hereinafter provided in section 12 of this act; it shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold its meetings, it shall, as far as is reasonable, accommodate applicants residing in different sections of the state, and due notice shall be published of all its meetings for examination.

Certificates shall be signed by all the members of the board, and the secretary of the board shall receive from the applicant a fee of one (1) dollar for each certificate issued to such graduate or licentiate. Graduates or licentiates in midwifery to pay the sum of two (2) dollars for each certificate. All such fees for certificates shall be paid by the secretary into the treasury of the board.

Verification of Diploma—Affidavit.

SEC. 3. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and seal of such officer, if he have a seal; and any person swearing falsely shall be deemed guilty of perjury, and punished accordingly.

Graduates may present their diplomas and affidavits, as provided in this act, by letter

or by proxy, and the State Board of Health shall issue its certificate the same as though tho owner was present.

Examinations by Board.

SEC. 4. All examinations of persons not graduates or licentiates, shall be made directly by the board, and the certificates given by the board shall authorize the possessor to practice medicine and surgery in the state of Kansas.

Certificate to Be Recorded.

SEC. 5. Every person holding a certificate from the State Board of Health shall have it recorded in the office of the clerk of the county in which he resides, within three months from its date, and the date of recording shall be indorsed thereon. Until such certificate is recorded as herein provided, the holder thereof shall not exercise any of the rights or privileges conferred therein to practice medicine.

Any person removing to another county to practice, shall record the certificate in like manner in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fee for making the record.

Book to Be Kept.

SEC. 6. The county clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue of the certificate. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

Fees for Examinations.

SEC. 7. The fees for the examination of non-graduates shall be as follows: Twenty (20) dollars for an examination in medicine and surgery; ten (10) dollars for an examination in midwifery only; and said fees shall be paid into the treasury of the board. Upon successfully passing the examination the certificate of the board shall be issued to the applicant without further charge.

Character of Examination.

SEC. 8. Examinations may be made in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

Refusal or Revocation of Certificate.

SEC. 9. The State Board of Health may refuse to issue the certificates provided for in section 2 to individuals guilty of unprofessional or dishonorable conduct, and it may revoke such certificates for like causes.

Definition of Practicing Physician.

SEC. 10. Any person shall be regarded as practicing medicine within the meaning of this act, who shall treat, operate on, or prescribe for any physical ailment of another. But nothing in this act shall be construed to prohibit service in cases of emergency, or the domestic administration of family remedies. And this act shall not apply to commissioned surgeons of the United States army, navy or marine hospital service in the discharge of their official duties.

Itinerant Vendor of Drugs, Etc.—License.

SEC. 11. Any itinerant vendor of any drug, nostrum, ointment or appliance of any kind intended for the treatment of disease or injury, or who shall, by writing or printing, or any other method, profess to cure or treat disease or deformity, by any drug, nostrum, manipulation or other expedient, shall pay a license of one hundred (100) dollars per month into the treasury of the board, to be collected by the State Board of Health, in the name of the people of the state of Kansas, for the use of said Board of Health. And it shall be lawful for the State Board of Health to issue such license on application made to the State Board of Health, such license to be signed by the president of the board, and attested by the secretary of the board, with the seal of the board.

Any such itinerant vendor who shall vend or sell any such drug, nostrum, ointment or appliance without having a license so to do, shall, if found guilty, be fined in any sum not less than one hundred dollars, and not exceeding two hundred dollars for each offense, to be recovered in an action of debt before any court of competent jurisdiction. But such board may for sufficient cause refuse such license.

Penalty for Practicing Without a Certificate—Using Another's Diploma.

SEC. 12. Any person practicing medicine or surgery in the state without the certificate issued by this board, in compliance with the provisions of this act, shall for each and every instance of such practice forfeit and pay to the people of the state of Kansas, for the use of the said state board of health, the sum of one hundred (100) dollars for the first offense, and the sum of two hundred (200) dollars for each subsequent offense, the same to be recovered in an action of debt before any court of competent jurisdiction; and any person filing or attempting to file as his own the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of the state for the crime of forgery.

Provided, That all persons who have been practicing medicine as a means of livelihood continuously for ten years within this state prior to the taking effect of the act to which this is an amendment, and who have not, under said original act, obtained a certificate from the said Board of Health to practice medicine in this state, shall upon proper application to said Board of Health receive such certificate, unless it shall be ascertained and determined by said Board of Health that the person so applying for a certificate is of immoral character, or guilty of unprofessional or dishonorable conduct, in which case said Board of Health may reject such application.

And provided, That such application for a certificate shall be made within six months after the taking effect of this act, and all persons holding a certificate on account of ten years' practice shall be subject to all the requirements and discipline of this act, and the act to which this is an amendment, in regard to their future conduct in the practice of medicine the same as all other persons holding certificates, and all persons not having applied for or received such certificate within six months after the taking effect of this act, and all persons whose applications have for the causes herein hamed been rejected or certificates revoked, shall, if they shall practice medicine, be deemed guilty of practicing in violation of law and shall suffer the penalties herein provided.

Judgment Upon Conviction—Appeal.

SEC. 13. Upon conviction of either of the offenses mentioned in this act, the court shall, as a part of the judgment, order that the defendant be committed to the common jail of the county until the fine and costs are paid, and upon failure to pay the same immediately, the defendant shall be committed under said order.

Provided, That either party may appeal in the same time and manner as appeals may be taken in other cases, except that where an appeal is prayed in behalf of the people, no appeal bond shall be required to be filed, whether the appeal be from a justice of the peace, or from the county or circuit court, or from the appellate court. But it shall be sufficient in behalf of the people of the State of Kansas, for the use of the State Board of Health, to pray an appeal, and thereupon appeal may be had without bond or security.

Repeal.

SEC. 14. All acts and parts of acts inconsistent or in conflict with this act, are hereby repealed.

The Coxeyites.

The great Commonweal army from a sanitary point of view may become a serious affair, if in no other way. The passage of large bodies of men irregularly fed, poorly clothed and continually exposed is a menace to the health of the country. The action of the authorities in regard to the Sanders army, holding them for a length of time in camp at one place, may result in greater injury to the people than could possibly result from the slight disturbance caused in the mails. The prevalence of smallpox in various localities and the possible infection of some of these men is another feature worthy of consideration.

Doctors and Druggists.

There is a complaint from the druggists, and not an unjust one, that doctors are too ready to prescribe every new preparation that is recommended to them. Samples of some new compound are given the physician and at the first opportunity he writes a prescription for it. The druggist is compelled to order a supply. Nine times in ten he never has a second call for it, and the stock is left on his hands. There are numerous preparations which for therapeutic effect are identical and differ very slightly in their combination, yet the druggist must keep all of them in stock. There are hundreds of these preparations that are made to sell, and from a medicinal standpoint are far inferior to an extemporaneous compound prepared by the druggist. There are, we know, reliable pharmaceutical houses whose preparations can always be depended upon as being just what they are represented to be, and it would save considerable loss to the druggist and insure greater satisfaction to the physician and patient if we would be sure that the compound we prescribe is made by a firm whose standing we know.

Violations of Quarantine Laws.

We by accident learned that two young men from a Kansas town went to Atchison a short time ago to visit friends. Not being aware of the fact that the house was infected with smallpox they went directly to the home of their friends. They were directly exposed for several days and were expected to return to their homes in a few days. If this is not a sample of criminal negligence, what is it? If quarantine regulations are good for anything, at any time, and at any place, they ought to be when and where there is an epidemic of smallpox. We can hardly imagine the efficiency of such a quarantine as will allow individuals to come and go from the infected houses at their pleasure. Quarantine of smallpox without isolation can hardly be of any service. We hope there is an error in this report, but we give it as we heard it.

Creosote.

Pure beechwood-tar creosote prepared for medicinal use contains a large per cent. of guaiacol. Its specific gravity at 15° C. should not be below 1.070, and it should distil completely between 200 and 215° C. It is very important in the treatment of tuberculosis with creosote that the drug be pure. The principal adulteration found is from the admixture of coal-tar creosote.

The Communion Service.

We observe that there are churches in the land that have more respect for hygienic laws and the health of the people than for strict adherence to ancient customs. We have had occasion before to refer to the obnoxious method of administering the communion wine, allowing a whole congregation to sip from one or two cups. We note with gratification that one of the oldest churches in the East has substituted individual communion glasses. We can hardly imagine that this will detract in the least from the sacredness of the service, and it will certainly relieve the devotees from that sense of disgust which must be felt even in so sacred a service, when the cup is passed from the tobacco-stained mouth of his neighbor, or from one with a suspicious looking sore on his lips.

Now that a law has been agreed upon by all factions and all schools, every physician in the state should constitute himself a committee of one to interview the representative from his county and insist upon his support of the bill.

Piperazin in Diabetes Mellitus.

Dr. H. Hildebrand, in the *Aerzliche Praktiker*, states that he has recently found that piperazin possesses a restraining action upon saccharine fermentative processes. He has found it effective in diabetes artificially produced in dogs by phloridzen, the excretion of sugar being almost entirely arrested by this remedy. Administered to patients suffering from diabetes, he has found the percentage of sugar gradually diminishing under its use.

A Delicate Test for the Demonstration of Bile-Pigment in the Urine.

Toledo Medical Journal.

After comparing the different tests for the demonstration of bile-pigment in the urine, and showing their lack of delicacy in doubtful cases, Dr. Henry Rocin presents a method which has been tried by himself in Prof. Senator's clinic.

He adds ten parts of the officinal tincture of iodine to 90 parts of alcohol; which mixture is kept ready for use. A sample of urine to be examined is poured into a test-tube; which, being held inclined, has from 2-3 cem. (30-45 min.) of the above dilute tincture poured upon it with great care, so that the same rests upon the urine without mingling with it. Almost instantly, at the plane of contact of the two fluids, a grass green ring is developed, which oftentimes persists for hours. If there is no bile-pigment present, the yellow urine has either only a light yellow or colorless ring formed at the meeting of the two solutions.

This test has been used for three-fourths of a year at Prof. Senator's clinic; and, after comparing it with a large variety of tests, it has been demonstrated as the most delicate, most reliable and simplest test for the detection of bile-pigment.

THE recognition of some proprietary preparations by the U. S. Pharmacopœia, seems to have caused considerable criticism. Salol, which is phenyl salicylate, is introduced by its proprietary name instead of the chemical. Lanoline, which is also a patent product, is, however, introduced under its chemical name, Adeps Lanæ Hydrosus.

WE understand that all was not as harmonious as a Sunday school at the Galveston meeting of the National Association of Railway Surgeons. There was a little too much ambition among the would-be officers and a little too much boodle—ism.

A MERCURIAL oil for hypodermic injections may be compounded as follows:

Mercury	℥ v
Lanoline	℥ i ¼
Liquid vaseline	℥ j ¼

THE proceedings of the last meeting of the State Society are ready for the printer, and will be in the hands of the members in a very short time. This is the first complete report the society has ever had.

THE Masons of Chicago have established a hospital for the special benefit of members of that fraternity. Dr. G. Frank Lydston is the medical director.

CHLORALAMID in tablet form does not give the most satisfactory results. The best form for administering is in elixir, 30 grains to the ounce.

MASSAGE for constipation in infants seems to be superseding the use of castor-oil and like sickening remedies.